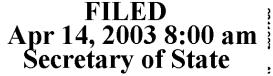
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) V37063 **DOCUMENT#** 1. Entity Name



04-14-2003 90354 044 ***150.00

ROLLER DEPOT, INC.														
Principal Plac 1181 S.W. 261 FT. LAUDERO	TH AVE.		1181	Mailing Address 1181 S.W. 26TH AVE. FT. LAUDERDALE FL 33312										
2. Principal Place of Business				3. Mailing Address										
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.					□ c⊦	IECK HEF	RE IF M	MAKING C	CHANGES	
City & State			City	City & State			4. FEI Number 65-042			-04210	31			plied For t Applicable
Zip Country			Zip 				5. Certificate of Status Des				Fee Hequired			
6. Name and Address of Current Registered Agent						Nama		7. Name and	Addre	ss of Nev	v Regis	stered Ag	ent	
DODTED	C 1740CT 1					Name								
PORTER, ELIZABETH .						Street Add	dress (F	O. Box Numbe	er is No	Accepta	ıble)			
1181 S.W. 26TH AVE. #A FT. LAUDERDALE FL 33312														
FI. LAUDERDALE FL 33312						City		"			.=.	FL	Zip Cod	e
	tions of registe	r submits this statement ered agent. or printed name of registered age				ed office or re			th, in the	State of	Florida	. I am far	niliar with,	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Tru	ust Fund	ampaign d Contribu	ution.		Added	0 May Be I to Fees
10.	10. OFFICERS AND			D DIRECTORS 1				ADDITIONS,	/CHAN	GES TO C	OFFICE	RS AND C	IRECTOR	5 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, I 1181 SW 2 FT. LAUDE	26TH AVE #A		☐ Delete								[Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete								. [Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	nun puntan er in	,			·	* * •	There is a second of the secon				[☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I .						[Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete								[_ Change	Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: